14218

IREDELL COUNTY HEALTH DEPARTMENT

4646-09-3535

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR RL MacLeod

PHONE: Business _____ Home 483-3580 DATE 7/28/92 PERMIT NO. 2K-19-A-22

LOCATION Perennial Dr, Brantley Sch, TL into Farmstead, TR on first road ~1000 to lot 22 on (R)

SUBDIVISION NAME Farmstead Estates LOT NO. 22 S.R. No. _____ SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 FT²

Soil Characteristics P - C

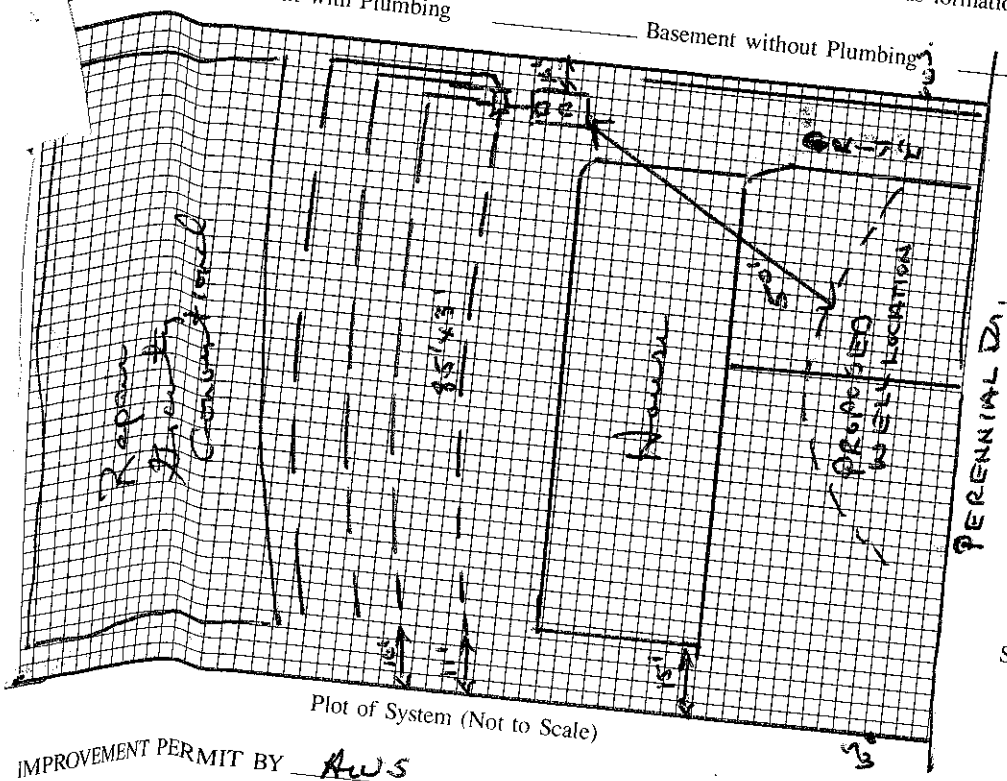
Application Rate P - .4 (SB/L - SP-SF)

Topography S - 2%

Depth to Water Table S - >48"

Rock or other impervious formations S - None observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 85' x 3'

Sq. Ft. 1020 Linear Ft. 340

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

Installed by RL MacLeod

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY AWS

COMMENTS Dist. Box with speed levelers - trenches 36" deep to bottom

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY Wesley Sparks R.S. DATE 7/28/92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink